U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

7100   5 2005	LLY BEFORE PREPARING THIS REPORT.
E	
1. File Number U - 6379	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ROBERT A QUANSTROM	Name CHICAGO REGIONAL COUNCIL OF CARPENTERS
	Labor Organization File Number 001-949
P.O. Box, Bldg., Room No., if any SUITE 102	P.O. Box, Building and Room Number, if any
Street 750 N FRANKLIN	Street 12 EAST ERIE
City CHICAGO	City CHICAGO
State Illinois ZIP Code + 4 60610	State Illinois ZIP Code + 4 60611
5. Position in labor organization. BUSTNESS REPRESENTATIVE-LOCA	J. 1

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trace	de name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
		7,b. Amount.	
Street			
a a			
City			
State Z	1P Code + 4		

## Signature

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed July 57	On	08/09/2005	(312) 280-0230			
		Date	Telephone Number			

Name of Person Filing ROBERT QUANSTROM	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your tabor organization represents or is active.  (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization  X b. Trust
	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name CHICAGO REGIONAL COUNCIL OF CARPENTERS	7/2004 TRUSTEES MEETING / QUARTERLY BREAKFAST
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 12 EAST ERIE	
	11.b. Approximate dollar value of such dealing. \$40
City CHICAGO	12.a. Nature of interest held or income received.
State Illinois ZIP Code + 4 60611	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.

12.b. Amount.